

## ATTACHMENT A

### OFF-ROAD EQUIPMENT APPLICATION

**All applicants must complete this form.**

**Please print or type all information on this and any attached applications.**

<b>APPLICANT INFORMATION:</b>	
Organization/Company name:	
Contact name:	Business type:
Mailing address:	
Equipment location address (if different):	
Contact phone: (     )	Fax: (     )
E-mail:	
Geographic area to be served by off-road equipment:	
Number of heavy-duty off-road equipment in fleet:	

**I hereby certify that all information provided in this application and any attachments are true and correct.**

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

**OFF-ROAD EQUIPMENT APPLICATION  
WORK STATEMENT/SCHEDULE OF DELIVERABLES  
All applicants must provide the information specified on this form.**

Provide the information detailed below. Attach additional pages if necessary.

- A program schedule, with project milestones and dates clearly identified;
- Provisions for appropriate record-keeping during the life of the funded project. At a minimum, MDAQMD expects to receive the following reports:
  1. Quarterly status reports until the equipment purchase, repower or retrofit has been accomplished. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment will be made.
  2. An annual report, for the extent of the project life used to determine cost-effectiveness, which provides the annual hours of operation, fuel consumed, and operational and maintenance issues encountered and how they were resolved. MDAQMD reserves the right to verify the information provided.

**OFF-ROAD EQUIPMENT APPLICATION  
REPOWER/RETROFIT INFORMATION**

For each engine that you plan to repower or retrofit, complete and attach one copy of this form.

**Please check one:**

- ☐ Repowering a piece of off-road equipment with a new reduced-emission engine  
☐ Retrofitting a piece of off-road equipment with a new reduced-emission technology

Funding request: \$ \_\_\_\_\_

<b>GENERAL INFORMATION ABOUT CURRENT EQUIPMENT</b>	
Fuel type:	
Primary function of equipment (e.g., construction: earth mover; agriculture: tractor):	
Estimated total annual hours of operation:	Operation within MDAQMD boundaries (%):
Estimated annual diesel consumption (in gallons) for equipment:	Equipment VIN or Serial Number:

<b>CURRENT EQUIPMENT/ENGINE</b>	<b>NEW REDUCED-EMISSION ENGINE/RETROFIT</b>
Equipment make/model:	Equipment make/model: <i>Same as current</i>
Equipment model year:	Equipment model year: <i>Same as current</i>
Engine make:	Engine make:
Engine model number:	Engine model number:
Engine model year:	Engine model year:
Serial number of engine:	Fuel type:
Horsepower:	Horsepower:
Average equipment life (years):	Project life (years):
Typical rebuild frequency:	Estimated rebuild/replacement schedule:
Cost of rebuilding engine: \$	Total cost of replacing or retrofitting engine: \$
Certified NO <sub>x</sub> emission level (g/bhp-hr)	Certified NO <sub>x</sub> emission level (g/bhp-hr)
Load factor for engine in this application (%):	Load factor for engine in this application (%):
Fuel economy (gallons/hr):	Fuel economy (gallons/hr):

**OFF-ROAD EQUIPMENT APPLICATION  
REPOWER/RETROFIT INFORMATION**

For each engine that you plan to repower or retrofit, complete and attach one copy of this form.

<b>GENERAL INFORMATION ABOUT THE INSTALLER</b>	
<b>REPOWER (replacement) OF ENGINE</b>	
Engine installer:	
Street address:	
Phone: (      )	
Contact name:	

**OR**

<b>RETROFIT TECHNOLOGY</b>	
Retrofit manufacturer:	
Retrofit Installer:	
Installer street address:	
Phone: (      )	
Contact name:	Retrofit kit number:
Description of retrofit technology:	

<b>MAINTENANCE</b>
Describe your maintenance facility and practices.